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**Telmex USA, L.L.C.**  
3350 SW 148 Avenue  
Suite 400  
Miramar, FL 33027  
Phone: (954) 517 7300  
Fax: (954) 517 7305

May 9, 2017  
VIA FEDERAL EXPRESS AND EMAIL

Ms. Jocelyn Boyd, Chief Clerk  
South Carolina Public Service Commission  
101 Executive Center Dr.  
Suite 100  
Columbia, SC 29210

Re: Telmex USA, L.L.C.  
Docket No. 2017-134-C

**COPY**

Posted: lod  
Dept: N/A  
Date: 5/17/17  
Time: 11:44

2017-134-C  
2005-365-C

Dear Ms. Boyd:

Enclosed please find a copy of the recent filing made by Telmex USA, L.L.C. with the South Carolina Universal Service Fund Administrator, South Carolina Office of Regulatory Staff for the period ending December 31, 2016. The document was sent via email and also via Federal Express to 1401 Main Street, Ste. 900, Columbia, SC 29201 on May 2, 2017 and was received on May 4, 2017. As I have been personally advised by staff, this filing satisfies the outstanding obligation for Telmex USA, L.L.C. as set forth in Docket 2017-134-C.

Telmex USA, L.L.C. extends its apology for this inadvertent aberration of not submitting the filing to the Commission in a timely manner and respectfully notes that it has submitted the filing on time in past years. As Telmex USA has complied with this filing requirement, at this time we respectfully request to be removed from Docket 2017-134-C. If you could have someone from your office send confirmation to my email address (listed below) of the removal from said docket that would be greatly appreciated. If not, we will duly respond to the complaint/petition.

If you have any questions regarding this letter or filing please contact me at [oye.oyewale@telmex.com](mailto:oye.oyewale@telmex.com). Thank you for your time and efforts on this matter.

Sincerely,  
**TELMEX USA, L.L.C.**

  
Oyebimpe Oyewale-Smith  
Contracts and Compliance Specialist

cc: Lessie Hammonds  
Staff Counsel

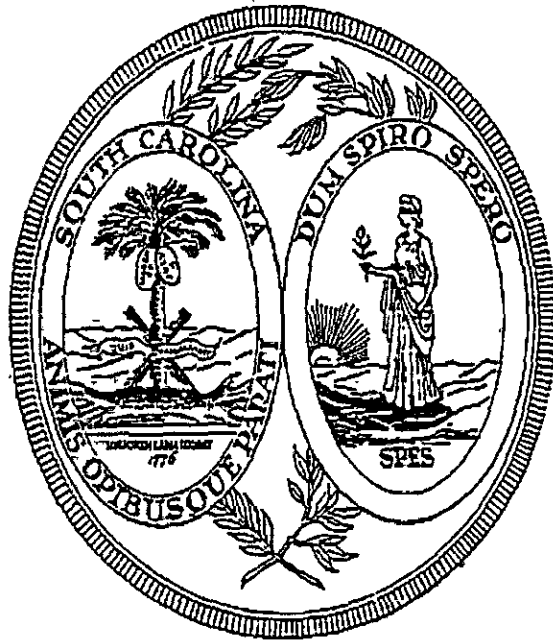
Enclosure

RECEIVED  
2017 MAY 12 PM 2:43  
SOUTH CAROLINA  
PUBLIC SERVICE  
COMMISSION

2016 South Carolina Universal Service Fund Contribution Worksheet  
Revenue Reporting for Year Ending 12/31/2015

Telmex USA, L.L.C.

**Name of Company**



**Form must be completed and returned by August 1, 2016 to:**

South Carolina Office of Regulatory Staff  
Universal Service Fund Administrator  
1401 Main Street, Suite 900  
Columbia, SC 29201

For ORS Use Only
USF FORM
Entered: _____
_____
_____

**2016 South Carolina Universal Service Fund Contribution Worksheet**  
**Revenue Reporting for Year Ending 12/31/2015**

**Contributor Identification Information**

(1) Legal Name of Reporting Entity	TeImex USA, L.L.C
(2) IRS Employer Identification Number	
(3) Name(s) by which Reporting Entity is doing business, if different than Name in Line 1 above (DBA or FKA)	N/A
(4) Complete Mailing Address of Reporting Entity	3350 SW 148TH AVE, STE.400 MIRAMAR, FL 33027
(5) Name of Individual completing this worksheet	OYEBIMPE OYEWALE-SMITH
(6) Telephone Number of Individual completing this worksheet	954-517-7303
(7) E-mail Address of Individual completing this worksheet	OYE.OYEWALE@TELMEX.COM
(8) Fax Number of Individual completing this worksheet	954-517-7305
(9) Type Communications Service Provided	IXC
(10) Date Carrier began providing services in South Carolina (Month, Year)	7/26/2006

Information related to Universal Service billing addresses should be provided as part of the information provided through the authorized utility representative form.

**2016 South Carolina Universal Service Fund Contribution Worksheet**  
**Revenue Reporting for Year Ending 12/31/2015**

Legal Name of Reporting Entity	A	B	C	D
	<u>INTRASTATE</u> South Carolina End User (Retail) Column A	<u>INTERSTATE</u> South Carolina End User (Retail) Column B	Carrier's Carrier (Wholesale)	Total Column A + Column B
<b>Gross South Carolina Revenues From All Sources</b>				
201 - Surcharges or other amounts on bills identified as recovering both state and federal Universal Service contributions	0	0		0
<b>Fixed Local Services</b>				
202 a. - Monthly service, local calling, connect charges, vertical features, and other local exchange service charges including the basic local service and Lifeline revenue	0	0	0	0
202 b. - Lifeline Revenues: Revenue generated from Lifeline customers exceeding all federal/state Lifeline reimbursement.	0	0	0	0
203 a. - Tariffed subscriber line charges and PICC charges levied by local exchange carrier on no PIC customers.	0	0		0
203 b. - Revenues from Subscriber Line Charges billed to Public Telephone Access Line Services			0	
204 - Local private line and special access service	0	0	0	0
205 a. - Payphone coin in box local and long distance revenues	0	0		0
205 b. - Revenues from Payphone Telephone Access Line Services (Resale)			0	
206 - Other local telecommunications service revenues	0	0	0	0
<b>Mobile Service (i.e., wireless telephony and mobile services)</b>				
207 - Monthly service and activation charge revenues including roaming and airtime charges for toll calls.	0	0		0
<b>Toll Services</b>				
208 Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards	0	0		0
209 Operator and toll calls with alternative billing arrangements (credit card, collect, and other revenues) (excluding international revenues)	0	0	0	0
210 Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services (excluding international calling).	0	0	0	0
211 - Long distance private line services (excluding international)	0	0	0	0
212 - All other long distance services (excluding international)	0	0	0	0
213 - Company End User Prepaid Wireless Revenues (non-assessable data)	0	0		0
214 - Universal service support received from federal and state sources (both USF and Interim LEC Funds)	0	0	0	0
215 - Revenues from provision of broadband services	0	0	0	0
216 - International operator and toll calls, international calling card sales, international private line services and any other international services	0	0	0	0
217 - Revenues from other non-telecommunications services, including, but not limited to: Information services, inside wiring maintenance, billing and collection, customer premises equipment, published directory, CATV, and dark fiber	0	0		0
<b>218 - Gross revenues from all sources (Lines 201 through 217)</b>	0	0	0	0

**2016 South Carolina Universal Service Fund Contribution Worksheet**  
**Revenue Reporting for Year Ending 12/31/2015**

Legal Name of Reporting Entity	A	B	C	D
	INTRASTATE South Carolina End User (Retail) Column A	INTERSTATE South Carolina End User (Retail) Column B	Carrier's Carrier (Wholesale) Column C	Total Column A + Column B + Column C Column D
<b>South Carolina State USF Fund Contribution Revenue:</b>				
219 - Total Gross universal service contribution base amounts - Lines 201 through 212	0	0		0
220 - Uncollectible revenue/bad debts expense associated with gross revenue amounts on Line 218	0	0		0
221 - Uncollectible revenue/bad debts expense associated with universal service contribution amounts on Line 219	0	0		0
<b>222 - Total Universal Service Fund Contribution Base Revenue (Line 219 minus Line 221)</b>	0	0		0

**Data Certification and Non-Disclosure Statement**

I certify that the revenue data contained herein is privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. Pursuant the South Carolina Public Service Commission USF Guidelines, I request non disclosure of the revenue information contained herein.

I certify that I am an officer of the above named reporting entity, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of this company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate.

Signature  Print Name of Officer  Position with reporting entity  Business telephone number  Email of Officer - Required  Date	First <b>Luis</b>	Middle Initial _____	Last <b>Segovia</b>
	Controller _____		
	954-517-7303		
	usaregulatory@telmex.com		
	_____		

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE: ☐ IXC      ☐ CLEC      ☐ ILEC      ☐ Wireless

**CERTIFICATED COMPANY INFORMATION**

**Telmex USA I.I.c.**

Company Name

FEIN/SSN

**954-517-7303**

Db/a/fka

Telephone #

**3350 SW 148TH Ave., Ste. 400**

Mailing Address

**Miramar, FL 33027**

City, State, Zip Code

**Same as Above**

Business Location

City, State, Zip Code

County

**REGISTERED AGENT INFORMATION**

Registered Agent: **Coporation Service Company**

Mailing Address: **1703 Laurel Street**

**Columbia, SC 29201**

City, State, Zip Code

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

**A. General Manager** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

**Oyebimpe Oyewale-Smith**

**B. Customer Relations/Complaints Representative** (Include Address if different than above)

**954-517-7303 / 954-517-7005 / oye.oyewale@telmex.com**

Telephone Number / Facsimile Number / E-mail Address

**C1. Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

**C2. Customer Contact (Toll Free Number)**

**D. Engineering Operations** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

**E. Test and Repair** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

**Cori Reitman**

**F. Emergencies** (During Non-Office Hours)

**954-517-7302 / 954-517-7305 / cori.reitman@telmex.com**

Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

	Oyebimpe Oyewale-Smith	
G.	Regulatory Officer (Name & Title)	
	Same as above	
	(Mailing Address)	
	Telephone Number / Facsimile Number / E-mail Address	
	Oyebimpe Oyewale-Smith	
H.	Annual Report Mailings (Name & Title)	
	Same as Above	
	(Mailing Address)	
	Telephone Number / Facsimile Number / E-mail Address	
I.	Dual Party Mailings (Name & Title)	
	(Mailing Address)	
	Telephone Number / Facsimile Number / E-mail Address	
J.	Interim LEC Fund Mailings (Name & Title)	
	(Mailing Address)	
	Telephone Number / Facsimile Number / E-mail Address	
K.	Universal Service Fund Mailings (Name & Title)	
	(Mailing Address)	
	Telephone Number / Facsimile Number / E-mail Address	
	Jeanette Perez, Senior Financial Analyst	
L.	Gross Receipts Mailings (Name & Title)	
	same as above	
	(Mailing Address)	
	Telephone Number / Facsimile Number / E-mail Address	
M.	Lifeline Mailings (Name & Title)	
	(Mailing Address)	
	Telephone Number / Facsimile Number / E-mail Address	

Oyebimpe Oyewale-Smith	/
<b><i>This form was completed by</i></b>	<b><i>Signature</i></b>
Contract & Compliance Specialist	5/2/2017
<b><i>Title</i></b>	<b><i>Date</i></b>

RETURN COMPLETED FORM TO: Public Service Commission of SC  
Docketing Department  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

***And***

Office of Regulatory Staff  
Attn: Kari Munn  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201